## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

		CLAIMS AS	S FILED - P		(Colum	nn 2)		SMALL EN		OR	OTHER SMALL E	THAN .
TOTAL CLAIMS								RATE	FEE	·	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS				() minus 20=		•		X\$ 9=		OR	X\$18=	77.75
INDEPENDENT CLAIMS 3 minus 3 =			*			X40=		OR	X80=			
MULTIPLE DEPENDENT CLAIM PRESENT							+135=		OR	+270=	्. . इ	
* 15	the difference	in column 1 is	less than zero	o, ente	r "0" in c	olumn 2		TOTAL		OR	TOTAL	
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		(Column 1)		(Colu		(Column 3)	1	SMALL		OR	SMALL	
NTA		CLAIMS REMAINING AFTER AMENDMENT		PREV	IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
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MEN	Independent	٠ 3	Minus	***	3	=		X40=		OR	X80=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	T CLAIM		j	+135=		OR	+27Q=	
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8 5		REMAINING AFTER AMENDMENT		PREV	MBER TOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
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								TOTAL		OR	TOTAL	
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AMENDMENT C		REMAINING AFTER AMENDMENT		NU PRE\	MBER /IOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	TIONAL FEE
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				• • • •	in and in a	olumn 3		+135=	<u> </u>	OF		
	· If the "Highest N	umn 1 is less than umber Previously	Paid For" IN THI	S SPACI	E is less m	an 20, enter 7	20.*	TOTAL ADDIT, FEE		OF	ADDIT. FEE	<u> </u>
1.	"Highest No. The "Highest Nu.	lumber Previously Imber Previously	Paid For IN THI Paid For (Total o	r Indepe	c is less th ndent) is th	ne highest num	nber	found in the ap	ppropriate b	ox in «	column 1.	

## Patent and Trademark Office PATENT

## AMENDMENT TRANSMITTAL FORM

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Customer No.: 23696

Attorney Docket No.: 000190

in Re Application of: Maloney, et al.

Serial Number: 09/755,312 Filed: December 19, 2000

Examiner: William Cumming Group Art Unit: 2683 RECEIVED CENTRAL FAX CENTER

NOV 2 9 2004

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For		(c) Extra Claims	Large Bruity Fee	Fee Paid	
Total*	20	20	$\Box$	0	x \$18 =	\$0	
Independent**	3	3	丁	0	x \$86 -	. \$0	
	dent Claim(s):	Yes 🖾 No			\$290	· \$	
		D	On	e Month	\$110	\$110.00	
E	CTENSION FEES		☐ Two Months		\$420	S	
		İc	Thu	ree Months	\$950	\$	
	TERMINAL	DISCLAIMER			\$110	\$	
"If the number in c	olumn a is less than 20, column a is less than 3,	TOTAL FEE	\$110.00				
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(TRANSAMD. VER1.13-07/30/03)